

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN6101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER BROOKWOOD NURSING CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 332 RIVER ROAD DECATUR, TN 37322		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	<p>1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise their annual earthquake drill.</p> <p>The findings include:</p> <p>Record review and interview on September 24, 2012 at 11:45 a.m. confirmed that the facility failed to exercise their annual Earthquake Drill.</p> <p>The finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on September 24, 2012.</p>	N1410	<p>N1410</p> <p>The Administrator has called the Meigs County Emergency Operations Center and requested an in-service for key staff with Tony Finnell.</p> <p>The above in-service will become an annual event hereafter.</p>	10/18/12

Division of Health Care Facilities

Steven E. Atkinson *Administrative*
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
PC # 3

(X6) DATE

10.18.12

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N1411	Continued From page 1	N1411	N1411	
N1411	<p>1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Search team, searching the premises.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to perform their annual bomb threat drill.</p> <p>The findings include:</p> <p>Record review and interview with the Maintenance Director on September 24, 2012 at 11:45 a.m. confirmed that the facility failed to exercise their annual Bomb Threat Drill.</p> <p>The finding was verified by the Maintenance Director and acknowledged by the Administrator</p>	N1411	<p>The Administrator has called the Meigs County Emergency Operations Center and requested an in-service for key staff with Tony Finnell.</p> <p>Facility will conduct annual Earthquake drill/in-service prior to March annually.</p>	10/18/12

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N1411	Continued From page 2 during the exit conference on September 24, 2012.	N1411			